



APPLICATION FOR SMOG CHECK TECHNICIAN LICENSE

LICENSING DIVISION (BAR)

P.O. BOX 989001

WEST SACRAMENTO, CA 95798-9001

(916) 255-3145

Bureau of Automotive Repair

**Overview of License Requirements:**

- Licensure is required for all persons inspecting, testing, diagnosing, and/or repairing vehicles with the purpose of certification in the Smog Check program. (Per 44031.5.(a) and 44032 of the Health and Safety Code)
- No person shall sell, issue, cause or permit to be issued any certificate purported to be a valid certificate of compliance or noncompliance unless licensed to do so. (Per section 3340.35(e) of Title 16 of the California Code of Regulations)
- All applicants are required to meet the training and/or certification requirements as listed in this application, and pass an examination to obtain a license. An examination fee will be charged. (Per 44045.5 & .6 and 44034.1 of the Health and Safety Code)
- A licensed technician whose license has expired shall immediately cease to inspect, test, diagnose, and/or repair failed vehicles. (Per section 3340.30(d) of Title 16 of the California Code of Regulations)
- Licenses must be posted prominently under a transparent material in an area frequented by consumers. (Per section 3340.15(d) of Title 16 of the California Code of Regulations)
- All licensees must inform the Bureau of an address change within 14 days. Send address change to the above address. (Per section 3303.3 of Title 16 of the California Code of Regulations)

ALL APPLICATIONS WILL BE REJECTED AND FEE NOT REFUNDED FOR FAILURE TO :

- Include required documentation (i.e. ASE certification and/or original completed page 4); or
- Complete questions regarding applicant's background; or
- Submit a completed original application with all pages.

IF YOUR APPLICATION IS ACCEPTED, you will be contacted by the examination service contractor to schedule your examination. A \$65.00 examination fee is required per attempt and is payable directly to the examination service. You must bring two forms of ID to the examination. Read the Candidate Handbook for complete instructions.

You must pass the examination within 90 days of receipt of notification that you are qualified to take the exam, or you must submit a new application and application fee.

Disclosure of your social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455(42 USCA 405(c)(2)(C) authorizes collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. **If you fail to disclose your SSN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.**

Per California Civil Code, Section 1798.17 (Information Practice Act), the Director of the Department is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

Examination cheating is in violation of Section 123 of the Business and Professions Code. Examination cheating can result in denial of application, suspension, revocation and restriction of a license. Once the examination begins, no talking or other communication which compromises the exam is permitted between applicants. Details are contained in Section 123 of the Business and Professions Code. A copy is contained in the Candidate Handbook to the California Bureau of Automotive Repair Smog Check Technician Licensing Examination as well as in the laws and regulations booklet published by BAR.

INSTRUCTIONS:

1. Read all instructions and information contained in this application.
2. Pay fees by check or money order made payable to "Licensing Division - BAR."
3. Submit a completed application with all the appropriate documents and fees to the Licensing Division at the above address.

IF ANY INFORMATION IS OMITTED, THE APPLICATION WILL BE RETURNED TO YOU FOR COMPLETION AND WILL DELAY PROCESSING

APPLICATION FOR SMOG CHECK TECHNICIAN LICENSE

Application Fee \$20.00

Type of License: *Check one only*

- ☐ Advanced Emission Specialist
☐ Intern Technician
☐ Basic Area Technician

Application Type: *Check one only*

- ☐ Initial
☐ Renewal

For Department Use Only

Qualification Number _____

Receipt Number _____

Reviewed &

Approved By _____

Signature

Date Processed _____

Please type or print legibly in ink

Note: Name on application must match name on California Driver License or California ID Card or Active Military ID.

You must present the same photo identification at examination.

Applicant's Full Name: LAST FIRST MIDDLE

Date of Birth: Month Day Year Social Security Number:

California Driver License/ID Card/or Military I.D. Number: Smog Check Technician License Number: Expiration Date:

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Applicant's Home Address: Number and Street (No Post Office Boxes) City State Zip Code

Applicant's Mailing Address: (if different than above) Number and Street or Post Office Box City State Zip Code

Applicant's Home Area Code and Telephone Number: Applicant's Work Area Code and Telephone Number:

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Employer's Full Business Name: Automotive Repair Dealer Registration or Fleet Station License Number:

Business Address: Number and Street City State Zip Code

Applicant's Background: **Attach additional sheets if necessary.**

1. Have you ever been issued a license, certificate, or registration by this Department? ☐ YES ☐ NO
If yes, please explain:

2. Have you ever had any license, certificate, or registration denied, suspended, revoked, or placed on probation by this Department? ☐ YES ☐ NO
If yes, please explain:

3. Have you ever been issued a citation by this Department? ☐ YES ☐ NO
If yes, please explain:

4. Have you ever been convicted of, or pled nolo contendere to, any misdemeanor or felony offense of any state, or of the United States? ☐ YES ☐ NO
If Yes, please explain:

NOTE: If you have a disability or impairment for which you may need assistance during an examination, please call the BAR Licensing Unit at (916) 255-3145 to request an official "Special Accommodation Form." This form must be completed by a health care professional and be submitted to the Licensing Division with your application.

ADVANCED EMISSION SPECIALIST SMOG TECHNICIAN APPLICANTS MUST COMPLETE THIS SECTION

ADVANCED EMISSION SPECIALIST TECHNICIAN: May inspect, diagnose, adjust, repair and certify the emissions control systems on vehicles subject to the Smog Check Program at Smog Check stations in all areas of the state.

Note: To perform an official Smog Check inspection in an enhanced program area, you must also complete the Bureau's "Bar 97 Transition Class."

REQUIREMENTS FOR LICENSURE: An examination is required. You must meet **requirements 1, 2, & 3** to qualify to take the examination.

REQUIREMENT 1. EDUCATION/EXPERIENCE: You must meet **one** of the following 6 requirements. Check the box next to the requirement you meet:

- ☐ I have a valid unexpired Advanced Emission Specialist Smog Check Technician License;
- OR ☐ I possess a valid unexpired Basic Area Smog Check Technician license, **and** have completed the Bureau's "Advanced Clean Air Car Course" within the last twelve months (course completion should be noted on page 4 of this application);
- OR ☐ I possess a valid unexpired Intern Technician License, have one year experience as an Intern Technician, **and** have completed the Bureau's "Advanced Clean Air Car Course" within the last twelve months (course completion should be noted on page 4 of this application);
- OR ☐ I have one year automotive experience and/or education in the engine performance area, and have completed the Bureau's "Basic **and** Advanced Clean Air Car Courses" within the last twelve months (course completion should be noted on page 4 of this application).
- OR ☐ I possess an Associate of Arts, Associate of Science, or higher degree in Automotive Technology from a state accredited or recognized college, or public school, or trade school AND I have successfully completed the Bureau of Automotive Repair's Basic and Advanced Clean Air Car Course within the last twelve months. **PAGE FOUR OF THIS APPLICATION HAS BEEN COMPLETED;**
- OR ☐ I possess a certificate in Automotive Technology from a state accredited or recognized college, public school, or trade school with a minimum of 360 hours course-work in the engine performance area AND I have successfully completed the Bureau of Automotive Repair's Basic and Advanced Clean Air Car Course within the last twelve months. **PAGE FOUR OF THIS APPLICATION HAS BEEN COMPLETED;**

CONTINUED ON NEXT PAGE


REQUIREMENT 2. CERTIFICATION: You must meet **ALL** of the following **three** certification requirements. You may meet these requirements through certification from the National Institute for Automotive Service Excellence (ASE) **and/or** by completion of a training program approved by the Bureau of Automotive Repair in a similar subject area (courses should be noted on page 4 of application).

I have the following ASE certification(s):
(check the appropriate box)

1. ☐ Electrical/Electronic Systems (A 6)
2. ☐ Engine Performance (A 8) **AND/OR**
3. ☐ Advanced Engine Performance Specialist (L1)

I have completed the following Bureau alternative course(s):
(check the appropriate box)

- ☐ Electrical and Electronic Systems
☐ Engine Performance Diagnosis and Repair
☐ Advanced Emission Systems Diagnosis and Repair

 **YOU MUST ATTACH** copies of valid and **unexpired** ASE certifications **and/or** a completed page four(s) of this application noting completion of Bureau alternative courses. The page four must have a course certification stamp, and an **original** signature from the course instructor. The Bureau **will not** accept copies of completed page fours

Note: This documentation **is not needed** if the Bureau has a record of unexpired certifications or courses from a previous application.

REQUIREMENT 3. UPDATE TRAINING: (As required by the Bureau)

Check the box if you meet this requirement

- ☐ I have completed the required Bureau of Automotive Repair certified update training course. **PAGE FOUR OF THIS APPLICATION HAS BEEN COMPLETED.**

BASIC AREA SMOG TECHNICIAN APPLICANTS MUST COMPLETE THIS SECTION

BASIC AREA TECHNICIAN: May inspect, diagnose, adjust, repair and certify the emissions control systems on vehicles subject to the Smog Check Program at Smog Check stations in areas of the state designated as Basic Smog Check Program areas.

REQUIREMENTS FOR LICENSURE: Examination Required. You must meet **requirements 1, 2, & 3** to qualify to take the examination.

REQUIREMENT 1. EDUCATION/EXPERIENCE: You must meet **one** of the following requirements. Check the box next to the requirement you meet.

- ☐ I possess a valid unexpired Basic Area, or Advanced Emission Specialist Smog Check Technician License;
OR ☐ I possess a valid unexpired Intern Technician License, and have one year experience as an Intern Technician;
OR ☐ I have one year of automotive experience and/or education in the engine performance area, and have completed the Bureau's Basic Clean Air Car Course within the last twelve months (course completion should be noted on page 4 of this application).
OR ☐ I possess an Associate of Arts, Associate of Science, or higher degree in Automotive Technology from a state accredited or recognized college, or public school, or trade school **AND** I have successfully completed the Bureau of Automotive Repair's Basic Clean Air Car Course within the last twelve months. **PAGE FOUR OF THIS APPLICATION HAS BEEN COMPLETED;**
OR ☐ I possess a certificate in Automotive Technology from a state accredited or recognized college, public school, or trade school with a minimum of 360 hours course-work in the engine performance area **AND** I have successfully completed the Bureau of Automotive Repair's Basic Clean Air Car Course within the last twelve months. **PAGE FOUR OF THIS APPLICATION HAS BEEN COMPLETED;**

REQUIREMENT 2. CERTIFICATION: You must meet **ALL** of the following **three** certification requirements (see note below). You may meet these requirements through certification from the National Institute for Automotive Service Excellence (ASE) **and/or** by completion of a training program approved by the Bureau of Automotive Repair in a similar subject area (courses should be noted on page 4 of application).


I have the following ASE certification(s):
(check the appropriate box)

1. ☐ Electrical/Electronic Systems (A 6)
2. ☐ Engine Performance (A 8) **AND/OR**
3. ☐ Advanced Engine Performance Specialist (L 1)
(see note below)

I have completed the following Bureau alternative course(s):
(check the appropriate box)

- ☐ Electrical and Electronic Systems
☐ Engine Performance Diagnosis and Repair
☐ Advanced Emission Systems Diagnosis and Repair
(see note below)

NOTE: The Advanced Engine Performance Specialist (L1) certificate **OR** the Advanced Emission Systems Diagnosis and Repair course is required if a **renewal applicant's** license expires **after December 31, 2001**, or a **new applicant's** application is **postmarked after December 31, 2001**.

 **YOU MUST ATTACH** copies of valid and **unexpired** ASE certifications **and/or** a completed page four(s) of this application noting completion of Bureau ASE alternative courses. The page four must have a course certification stamp, and an **original** signature from the course instructor. The Bureau **will not** accept copies of completed page fours

Note: This documentation **is not needed** if the Bureau has a record of unexpired certifications or courses from a previous application.

REQUIREMENT 3. UPDATE TRAINING: (As required by the Bureau)

Check the box if you meet this requirement

- ☐ I have completed the required Bureau of Automotive Repair certified update training course. **PAGE FOUR OF THIS APPLICATION HAS BEEN COMPLETED.**

INTERN APPLICANTS MUST COMPLETE THIS SECTION

INTERN TECHNICIAN: Under the direction of a licensed supervising technician, the Intern Technician may perform repairs or adjustments to the emissions control systems on failed vehicles subject to the Smog Check program at Smog Check stations in all areas of the state. The Intern Technician license expires in two years and is nonrenewable (can be issued to an individual only once).

REQUIREMENTS FOR LICENSURE: You must meet the following requirement. Check the box if you meet this requirement.

- ☐ I have one year experience and/or education in the engine performance area, and have completed the Bureau's Basic Clean Air Car Course within the last twelve months (course completion should be noted on page 4 of this application).

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA the statements I have made in this application are true and correct.

Signature of Applicant:

Date:

THIS PAGE MUST BE COMPLETED BY THE INSTRUCTOR

EVIDENCE OF COMPLETION OF BUREAU CERTIFIED TRAINING COURSE(S)

- Instructor shall check the "Yes" box on courses successfully completed by the student.
- Instructor shall check the "No" box on courses not given by the instructor, or not successfully completed by the student.
- School or trade organization certificates cannot be used in place of this form to qualify for licensure.
- Students must send in this form with instructor's original signature (faxes and copies are not acceptable).
- Schools shall maintain a copy of this page on file for three years.

Note: The instructor may copy this page if other blank copies are needed.

Applicant's Name:	Last	First	Middle	Applicant's California Driver License/ID Card/or Military I.D. Number:
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	Answer "Yes" or "No", DO NOT leave blank	
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COURSE TITLE	COURSE COMPLETED	COURSE COMPLETION DATE
Basic Clean Air Car Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Advanced Clean Air Car Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Update Training COURSE TITLE: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BAR 97 Transition Class	<input type="checkbox"/> Yes <input type="checkbox"/> No	

BUREAU ALTERNATIVE COURSES		
Electrical and Electronic Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Engine Performance Diagnosis and Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Advanced Engine/Emission Systems Diagnosis and Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Print the name of the school:	COURSE CERTIFICATION STAMP AREA
Print the city and county where the certification was signed:	
Print the name of the instructor:	

NOTE: INSTRUCTOR SHALL SIGN CERTIFICATION STAMP AREA IN A COLOR OTHER THAN BLACK